

# Event Volunteer Release Form

(Class B: Single day, Single event/Fundraiser, Healthy Athletes, Drivers on behalf of Special Olympics not transporting athletes)



<b>NAME:</b> First:	Last:
<b>STREET ADDRESS:</b>	
<b>CITY/STATE/ZIP CODE:</b>	
<b>PHONE:</b> (    )	<b>E-MAIL:</b>
<b>COMPANY/SCHOOL/ORGANIZATION:</b>	
<b>COMPANY/SCHOOL/ORGANIZATION GROUP LEADER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AGE:</b>

I would like to receive news and volunteer opportunities from Special Olympics West Virginia by email.

<b>SPECIAL OLYMPICS WEST VIRGINIA EVENT:</b>	
<b>VOLUNTEER POSITION:</b>	<b>LOCATION:</b>

## SPECIAL OLYMPICS WEST VIRGINIA RELEASE STATEMENT

I/we understand that the applicant will be using facilities at his/her own risk and I/we hereby release, discharge, indemnify and hold harmless Special Olympics West Virginia (SOWV) from all liability for injury or accident to person or damage to the applicant's property.

I/we understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOWV or at my/our option and that SOWV may, in its sole discretion, decline to accept the applicant for volunteering with or without cause.

I/we grant SOWV and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, and on SOWV and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In the course of volunteering for SOWV I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, health, behavior and other personal information and I agree to keep said information in the strictest confidence.

In signing this application, I/we am verifying that I/we have read the foregoing information and I/we agree to comply with the Volunteer Code of Conduct and all Special Olympics rules and regulations of the organization.

### I/WE HAVE READ AND UNDERSTAND THIS DISCLOSURE.

<b>APPLICANT'S SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>PARENT/GUARDIAN'S SIGNATURE FOR MINOR:</b> _____	<b>DATE:</b> _____

### PHOTO ID/VOLUNTEER IDENTITY VERIFICATION

*To be filled out at check-in or by your Group Leader*

I have viewed a photo ID of this applicant and verified that the picture and the name on the photo ID match the person named on this application. If no photo ID is available, an approved volunteer has verified the identity of this applicant. This applicant will serve in a Class B capacity.

**NAME (please print):** \_\_\_\_\_ **PHONE:** (    ) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_